

02-09-04
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

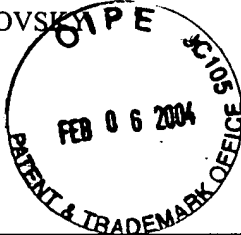
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30623 7590 11/25/2003

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
AND POPEO, P.C.
ONE FINANCIAL CENTER
BOSTON, MA 02111



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/735,251	12/12/2000	Guy Reed	21509-020 DIV.	7325

TITLE OF INVENTION: NOVEL PLATELET ACTIVATION PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HADDAD, MAHER M	1644	530-380000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ingrid A. Beattie, Ph.D.
2. Mintz, Levin, Cohn, J.D.
3. Ferris, Glovsky and Popeo, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

President and Fellows of Harvard college Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 30

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Ingrid A. Beattie (Date) 2/6/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02/12/2004 CCHAU2 00000195 09735251

01 FC:1501
02 FC:8001

1330.00 OP
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TRANSMIT THIS FORM WITH FEE(S)

Express Mail Label No.: EV138522185US

Date of Deposit: February 6, 2004

Attorney Docket No: 21509-020DIV



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Reed, *et al.*
SERIAL NUMBER: 09/735,251 EXAMINER: M. Haddad
FILING DATE: December 12, 2000 ART UNIT: 1644
FOR: NOVEL PLATELET ACTIVATION PROTEIN

MAIL STOP: ISSUE FEE

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:

- ☒ Response to Notice of Allowance and Issue Fee Due (1 pgs.);
- ☒ PTOL-85, Part B - Fee(s) Transmittal Form (1 pg., in duplicate);
- ☒ Check #18036 in the amount of \$1330.00;
- ☒ Check #18035 in the amount of \$30.00 for 10 copies of patent; and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21509-020DIV. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

Ingrid Beattie, Reg. No. 42,306

Attorney for Applicants

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Customer No. 30623

Express Mail Label No.: EV138522185US

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FILING DATE: December 12, 2000 ART UNIT: 1644
FOR: NOVEL PLATELET ACTIVATION PROTEIN


Box Issue Fee
Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE TO NOTICE OF ALLOWANCE AND ISSUE FEE DUE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated November 25, 2003 for the present application. The required issue fee and an advanced order of ten (10) copies (\$1,360.00), and a copy of Form PTOL-85B are submitted herewith.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311, Ref. No. 21509-020DIV.

Respectfully submitted,


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Dated: February 6, 2004

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